

**PRELICENSING / CONTINUING EDUCATION PROGRAM  
COURSE ATTENDANCE RECORD AND VERIFICATION FORM**

446-5 (Rev. 8/2001)

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**Producer Licensing Bureau, Education Section**

320 CAPITOL MALL

SACRAMENTO, CA 95814-4309

Information (916) 492-3064

www.insurance.ca.gov

Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

\_\_\_\_\_

Provider Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

\_\_\_\_\_

Class Location: \_\_\_\_\_

Street

City

State

Zip Code

Class Date(s): \_\_\_\_\_

**VERIFICATION:**

I have reviewed and verified that the persons named on the attached Course Attendance Record Sheet(s), consisting of \_\_\_\_\_ pages, were present at this class during the times and days indicated.

\_\_\_\_\_  
*Original Signature of Instructor* *Date*\_\_\_\_\_  
*Printed Name of Instructor***CERTIFICATION:**

I have reviewed this Course Attendance Record Verification and the attached Course Attendance Record Sheet(s), and certify that I find them accurate and in order, to the best of my knowledge.

\_\_\_\_\_  
*Original Signature of Provider Director* *Date*\_\_\_\_\_  
*Printed Name of Provider Director*

## COURSE ATTENDANCE RECORD SHEET

Provider #:	Provider Name:				Page      of
Course #:	Course Name:				
Date:		Begin Time:	End Time:		Session      of
Location:	<div style="display: flex; justify-content: space-between; padding: 0 10px;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>				Instructor:

**NOTE: Those students who do not sign in and out will not be granted continuing education credit.**

TIME-IN : AM/PM	PRINTED NAME (LAST, FIRST M.I.)	SOCIAL SECURITY NUMBER*	INDIVIDUAL INSURANCE LICENSE #	TIME-OUT : AM/PM	SIGNATURE I CERTIFY UNDER PENALTY OF PERJURY THAT THESE ARE MY CORRECT ATTENDANCE TIMES.

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

The Department requests disclosure of a student's social security number pursuant to Insurance Code Sections 1749, 1749.2, 1749.3, 1749.4, 1749.5, 1749.7, and California Code of Regulations, Title 10, Chapter 5, Section 2188.4(b)(1). This information is requested so that the Department can properly identify and assign credit to students who have completed prelicensing or continuing education courses. While a student's disclosure of his or her social security number here is not mandatory, any failure to provide this information may delay or otherwise impede the Department in assigning credit for the completion of such courses to the appropriate students.



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